MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

92b

03110

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 minutes

(e) Length of stay in this community (yrs., mos., or days) 15 Yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 208 E. Church St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mrs. Rhoda Belle Angleberger

3 (b) If veteran, name war None

3 (c) Social Security No. 217-10-0886

4. Sex Female

5. Color or race White

6 (a) ~~Single, married, widowed, or divorced.~~ Divorced

6 (b) Name of husband ~~or wife~~ Thos. J. Angleberger

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) May 27 1876

8. AGE: Years 63 | Months 9 | Days 29 | If less than one day _____ hr. _____ min.

9. Birthplace Mt. Plesant, Maryland (Town, county, and state)

10. Usual occupation Seamstress

11. Industry or business Clothing Factory

FATHER

12. Name William H Ketrow

13. Birthplace Nr. Frederick, Maryland

MOTHER

14. Maiden Name Margaret Beall

15. Birthplace Nr. Mt. Plesant, Maryland

16 (a) Informant Miss Adelsberger, Emergency

(b) Address Hospital, Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/28/40 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 27-Mch. 40 (b) [signature] Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. Date of death March 26 1940, at 7 40 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1940, to March 26 1940, and that I last saw him alive on March 26 1940.

Immediate cause of death	Duration
Acute Cardiac Congestion	4 hrs.
Due to Chronic Mitral	
Due to regurgitation	2 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick, Md. Date signed 3/27/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-C)

03111

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick.

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days) 3Yrs 8Mos 27Days

Stay in this community (yrs., or mos., or days) 3Yrs 8Mos 27Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County:

City or town: Baltimore. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 3717 Sixth St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lure Mae Ardis.

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 5 1919

8. AGE: Years	Months	Days	If less than one day
20	10	28	hrs. min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER — 12. Name: Fletcher Ardis

13. Birthplace: Virginia

MOTHER — 14. Maiden name: Emma Miller

15. Birthplace: Maryland.

16. Informant: Lure Mae Ardis

Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 8 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cem.

Location: Anne Arundel Co Md.

18. Funeral director: William M. Mareck

Address: Baltimore, Md.

19. (Date received by Registrar) Mar 6-1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 4 1940 6.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1936, to Mar 4 1940, and that I last saw her alive on Mar 4 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	4Yrs5Mos
Due to: Tubercle Bacilli	
Due to:	
Other conditions: Tuberculous Laryngitis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John E. Goodpasture, M.D. (M. D. or other)

Address: State Sanatorium, Md. Date signed 3/5/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03112

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 220 S. Carroll St.,
Stay in hospital or inst. (yrs., *or* mos., *or* days)
Stay in this community (yrs., *or* mos., *or* days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or ~~town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 220 S. Carroll St.,
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Addie May Baker

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
female	white	married

6 (b) Name of husband ~~or wife~~ Henry A. W. Baker
6(c) If alive, give age 77 years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1872

8. AGE:

Years	Months	Days	If less than one day
67	3	23	____ hrs. ____ min.

9. Birthplace New London, Frederick, Md.
(Town, county, and state)
10. Usual occupation Housewife
At home
11. Industry or business

FATHER
12. Name William C. Bell,
13. Birthplace New London, Md.

MOTHER
14. Maiden name Theresa Eaves,
15. Birthplace New London, Md.

16. Informant Mr. Murray W. Baker,
Address 220 S. Carroll St., Fred., Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 3 / 7 / 40 (month) (day) (year)
Cemetery or ~~crematory~~ Mount Olivet Cemetery
Location Frederick, Maryland.

18. Funeral director M. R. Etchison & Son,
Address Frederick, Maryland.

19. 5 March 1940 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4th., 1940, at 7.30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1939, to March 4 1940, and that I last saw her alive on March 4 1940.

Immediate cause of death Chronic Myocarditis — DURATION

~~Due to~~

Due to

Other conditions Pulmonary Tuberculosis ?
Diabetes Mellitus ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Howard W. Ash M.D.
M. D. or other
Address Frederick, Md. Date signed 3/5/40

RECEIVED
APR 5 1949
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03113

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (93-d)

County Frederick Registration Dist. No. 137

Village or City near Libertytown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Susanna Baker If U. S. Veteran, specify WAR

(a) Residence: No. Libertytown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph D. Baker

6. DATE OF BIRTH (month, day, and year)

7. AGE Years	Months	Days	If LESS then 1 day, hrs. or min.
83	-	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md.

FATHER

13. NAME Jacob Weaver

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME — Nook

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Joseph D. Baker (Address) Union Bridge R.D.

18. BURIAL, CREMATION, OR REMOVAL Place Barr Dam Date Mar. 31, 1940

19. UNDERTAKER Powell & Waugh (Address) Libertytown Md

20. FILED Mar 29, 1940 N. D. Cutsail Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3 (Month) 28 (Dey), 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1940, to Mar. 28, 1940

I last saw her alive on Mar. 26, 1940; death is said to have occurred on the date stated above, at 4:40 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis.	Unknown

Other **Contributory Causes** of Importence:

Complications

Name of operation Dete of

What test confirmed diagnosis? Was there an autopsy?

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was diseese or injury in eny way related to occupation of deceesed? No

If so, specify

(Signed) Dr. H. Brady M. D.

(Address) Libertytown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED APR 8 1930 BUREAU V

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

03114

Reg. Dist. No. 144

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Thurmont
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 45 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Frederick
City or town: Thurmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Delia May Beard

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Charles. E. Beard
6(c) If alive, give age: 57 years

7. Birth date of deceased (mo., day, yr.): June 2nd. 1870

8. AGE: Years	Months	Days	If less than one day
69	9	21	hrs. min.

9. Birthplace: Thurmont. Fredk Co. Md
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Own Home

FATHER
12. Name: Ephriam Ridge
13. Birthplace: Frederick Co. MD

MOTHER
14. Maiden name: Eva M. Domer.
15. Birthplace: Frederick Co. MD

16. Informant: Chas. E. Beard.
Address: Thurmont. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mch. 26th. 40 (month) (day) (year)
Cemetery or crematory: U. B. Cemetery. Thurmont
Location: Thurmont. MD

18. Funeral director: M. L. Creager & Son.
Address: Thurmont. MD.

19. March 24 19 40 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch. 23rd. 1940. at 2;20 P;M
19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 17th 1940, to Mar 23rd 1940, and that I last saw h alive on March 23rd 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	6 days
Due to Hypertension	2 yrs -
Due to Old work	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Morris A. Beck M D
M. D. or other
Address: Thurmont Md Date signed: 3/24/40

RECEIVED
APR 3 1940
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03115

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 135

Village or City Wolfsville — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred life yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Virgie Irene Blickenstaff

(a) Residence: No. ____ St., ____ Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Samuel Blickenstaff

6. DATE OF BIRTH (month, day, and year): July - 1st - 1909

7. AGE: Years 30 — Months 8 — Days 12 — If LESS then 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): 1930

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Wolfsville Maryland

FATHER

13. NAME: Wm. H. Shuff

14. BIRTHPLACE (city or town) (State or country): Middlepoint Maryland

MOTHER

15. MAIDEN NAME: Linnie E. Barkman

16. BIRTHPLACE (city or town) (State or country): Wolfsville Maryland

17. INFORMANT (Address): Samuel Blickenstaff Smithsburg

18. BURIAL, CREMATION, OR REMOVAL — Place: Lutheran Cemetery Wolfsville — Date: March 25, 1940

19. UNDERTAKER (Address): Emory Frey Smithsburg Md.

20. FILED: March 25, 1940 — Charles L. Leatherman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar (Month) 23 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1940, to Mar 23, 1940

I last saw her alive on Mar 23, 1940; death is said to have occurred on the date stated above, at 4 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Endocarditis	Feb 1940
Chronic infectious Arthritis	1932

Other Contributory Causes of importance:

Name of operation: — Date of ____

What test confirmed diagnosis? — Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury ____, 19____

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify —

(Signed) G. A. Koh Ler M. D.

(Address) Smithsburg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at **school** or at **home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
APR 9 1928
BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03116

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-d

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 106½ S. Market St.,

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 106½ S. Market St.,

(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR none

3. (a) FULL NAME Mrs. Sarah Catherine Boileau

3. (b) Social Security Number none

4. Sex female

5. Color or race white

6. (a) ~~Single, married~~, widowed, ~~or divorced~~ widow

6 (b) Name of husband ~~or wife~~ William V. Boileau

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1855

8. AGE: Years 84 Months 5 Days 15 If less than one day hrs. min.

9. Birthplace Middletown, Frederick, Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER

12. Name James S. White,

13. Birthplace Middletown, Md.

MOTHER

14. Maiden name Rebecca Ann Sneazer

15. Birthplace UNKNOWN

16. Informant Mr. D. Russell Boileau,

Address 106½ S.Market St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal, Which?~~) Date thereof 3 / 12 / 40 (month) (day) (year)

Cemetery ~~or crematory~~ Methodist

Location Middletown, Md.

18. Funeral director M. R. Etchison & Son,

Address Frederick, Maryland.

19. 11-Mch 1940 (Date rec'd by registrar) J. M. Cundy ~~Registrar~~

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10th., 1940, at 10.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1940, to March 10 1940, and that I last saw her alive on March 10 1940.

Immediate cause of death Chronic Myocarditis

DURATION 6 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B O Thomas M. D. or other

Address Frederick, Md. Date signed 3/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-C) Reg. Dist. No. 131

05117

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 15 West 7th St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 15 West 7th St
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Richard Eugene Bopst

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) Single, ~~married, widowed,~~ or ~~divorced~~: single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 13, 1885

8. AGE: Years 55 | Months 0 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick, Frederick, Md
(Town, county, and state)

10. Usual occupation Crane man Iron Foundry

11. Industry or business Retired

FATHER
12. Name John C. Bopst
13. Birthplace Frederick, Md

MOTHER
14. Maiden Name Georgetta Bartgbaugh
15. Birthplace Frederick, Md

16 (a) Informant Harry Bopst
(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/5/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Md

18 (a) Funeral director Harry E. Canty Co
(b) Address Frederick, Md.

19 (a) Mar 4 40 (b) [signature] Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. Date of death Mar 2 1940, at 4:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 1938, to Mar 2 1940, and that I last saw him alive on February 28 '40

Immediate cause of death: Chronic myocarditis — Duration 2 yrs

Due to: ____

Due to: ____

Other conditions: Chronic nephritis — Duration 10 yrs.
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ While at work? ____
(Specify type of place)
(e) Means of injury ____

23. Signature [signature] M. D.
M. D. or other
Address Frederick Md Date signed Mar 4 40.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94a)

Reg. Dist. No. 131

03118

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 223 E. 5th.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 30yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 223 E. 5th. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Daisy Bowers

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, ~~married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband ~~or wife~~ Frederick A. Bowers

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22-1863

8. **AGE:** Years 77 | Months 0 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Flint Hill- Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER

12. Name Adam Kohlenburg

13. Birthplace Germany

MOTHER

14. Maiden Name Mary Ellen Gigeous

15. Birthplace Germany

16 (a) Informant Miss Thelma Bowers

(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3-8-40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline and Son

(b) Address Frederick, Maryland

19 (a) 8-March-1940 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Mar. 5th 1940, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1940, to March 5th 1940, and that I last saw ~~him~~ her alive on March 5th 1940

Immediate cause of death: Coronary Thrombosis — Duration 4-8 hours

Due to: Chronic Myocarditis — 10 years

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Hedge M. D. or other

Address Frederick Date signed Mar 5th 1940

RECEIVED
APR 8 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

03119

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 236 ~~Rhoda Ave~~ Rear Patrick St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Pearlene Bowie

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: Female | 5. Color or race: Col. | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or ~~wife~~: Raymond Bowie

6. (c) If alive, give age: 36 years

7. Birth date of deceased (mo., day, yr.): Dec. 23, 1905

8. AGE: Years: 34 | Months: 2 | Days: 28 | If less than one day: _____ hr. _____ min.

9. Birthplace: Frederick Co Md.
(Town, county, and state)

10. Usual occupation: House-work

11. Industry or business

FATHER
12. Name: Samuel Fredericks
13. Birthplace: Centerville, Md.

MOTHER
14. Maiden Name: Lee Ellen Steans
15. Birthplace: Centerville, Md.

16 (a) Informant: Miss Adelsberger Emergency
(b) Address: Hospital Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 25 1940 (month) (day) (year)
(c) Cemetery or ~~crematory~~: Centerville
Location: Centerville

18 (a) Funeral director: Harry E. Canty Co
(b) Address: Frederick, Md.

19 (a) 23-Mch-'40 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death March 21 1940, at 6 25 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 14 1940, to Mar 21 1940, and that I last saw ~~him~~ alive on Mar 21 1940.

Immediate cause of death	Duration
Lobar Pneumonia	March 14 - 40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B L Thomas
M. D. or other
Address Frederick, Md Date signed 3/22/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 5 1940
BUREAU V. S.

03120

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County: Frederick

City or ~~town~~: Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 114 East Church Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 12 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or ~~town~~: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 114 East Church Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Mrs. Hannah Starner Bridner

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) ~~Single, married~~, widowed, ~~or divorced~~: Widow

6 (b) Name of husband ~~or wife~~: Charles Bridner

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 8, 1850

8. AGE: Years: 89 Months: 11 Days: 29 If less than one day: ____ hrs. ____ min.

9. Birthplace: Adams Co. - Penna.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Moses Stambaugh
13. Birthplace: Germany

MOTHER
14. Maiden name: Elizabeth Miller
15. Birthplace: Penna.

16. Informant: Mrs. Clinton C. Sparks
Address: 114 East Church St., Fred., Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof: Mar. 9, 1940 (month) (day) (year)

Cemetery or ~~crematory~~: Loudon Park

Location: Baltimore, Md.

18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland

19. 7-Mch 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 7 1940, at 10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jany 1 1940, to Feb 7 1940 and that I last saw her alive on March 6 1940.

Immediate cause of death: Chronic Myocarditis

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: —
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Frederick Md. Date signed: 3/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03121

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (93d)

County Frederick Registration Dist. No. 137

Village or City Near Libertytown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Fielder Burns If U. S. Veteran, specify WAR

(a) Residence: No. Near Libertytown St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Harriet Burns

6. DATE OF BIRTH (month, day, and year) 1864-6-13

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and yaar)

11. Total time (yaars) spent in this occupation

12. BIRTHPLACE (city or town) (Stata or country) Md.

FATHER

13. NAME William H. Burns

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Hammond

16. BIRTHPLACE (city or town) (Stata or country) Md.

17. INFORMANT Harriet Burns (Address)

18. BURIAL, CREMATION, OR REMOVAL Place St. Peters Libertytown Date Mar. 28th, 1940

19. UNDERTAKER Powell & Allaugh (Address) Libertytown Md

20. FILED Mar 28, 1940 M. D. Curfman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3 (Month) 26 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended dacaased from Mar. 24 –, 1940, to Mar. 26, 1940

I last saw him alive on Mar. 26, 1940; death is said to have occurred on tha date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

	Date of onset
Myocarditis	5 years

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of Injury

24. Was diseasa or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Dr. W. Beall M. D.

(Address) Libertytown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 5 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03122

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick Rural. (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Route 340 Rural near Frederick

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 14 E 3 ~~st~~

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Marie Christis

3. (b) Social Security Number 214-10-1188

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
female	White	single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 12 - 1916

8. AGE:

Years	Months	Days	If less than one day
24	2	4	hrs. min.

9. Birthplace Greece (Town, county, and state)

10. Usual occupation ~~Clothing Maker~~ Cleaner in Treasury Dept.

11. Industry or business Frederick Sailing Co.

FATHER 12. Name Mr. George Christis

13. Birthplace Greece

MOTHER 14. Maiden name Androuskis Gallas

15. Birthplace Greece

16. Informant George Christis

Address Frederick Maryland

17. ~~Burial~~ (Burial, cremation, or removal) Date thereof Mch. 18-1940 (month) (day) (year)

Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick Md

18. Funeral director C. E. Cline & Son

Address Frederick Maryland

19. 16-Mch-40 19 [illegible] Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 1.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw ~~her~~ ~~alive~~ dead on March 16 1940.

Immediate cause of death Fracture of skull

DURATION (1 hr.)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of March 16 '40

Where did injury occur? Frederick Co. (City or town) Md. (County) (State)

Injured at home, farm, industry, public place (where?) Frd Co Route 340

Means of injury auto Injured at work? No

23. SIGNATURE P. W. Bare Deputy Coroner M. D. or other

Address Frederick, Md Date signed March 16 '40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03123

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 4Mos 27 Days.

Stay in this community (yrs., or mos., or days): 4 Mos 27 Days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Allegany

City or town: Rawlings. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James R. Dawson.

3. (b) Social Security Number: 212-12-8897

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife: Catherine Dawson.

6(c) If alive, give age: 23 years

7. Birth date of deceased (mo., day, yr.): June 9 1899

8. AGE: Years	Months	Days	If less than one day
40	9	15	____hrs. ____min.

9. Birthplace: Rawlings, Alleg Co Md.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Andrey Dawson.
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Leanna Shepherd
15. Birthplace: Unknown

16. Informant: James R. Dawson.
Address: Rawlings. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 27 1940 (month) (day) (year)

Cemetery or crematory

Location: Rawlings. Alleg Co Md

18. Funeral director: V. L. Tempereur

Address: Rawlings. Md.

19. 4/2/1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION P.M.

20. DATE OF DEATH: March 24 1940, 2.55

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 26 1939, to Mar 24 1940, and that I last saw him alive on Mar 24 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 4 Yrs.

Due to: Tubercle Bacilli

Due to:

Other conditions: Tuberculous Enteritis
(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: [signature] M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed 3/27/40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93-E) Reg. Dist. No. 131

CERTIFICATE OF DEATH

03124

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick City Hospital (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in this community (yrs., mos., or days) Life.

2. HOME (USUAL RESIDENCE) OF DECEASED

(a) State Md. (b) County Carroll

(c) ~~City~~ or town Keltour (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Dr. Roland R. Diller

3 (b) If veteran, name war —

3 (c) Social Security No. None

4. Sex Male | 5. Color or race White | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband~~ or wife Rhea Smith

6. (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Jan 3- 1882

8. AGE: Years 58 | Months 2 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Keltour Fredk. Co. Md (Town, county, and state)

10. Usual occupation Doctor

11. Industry or business Medical Doctor

FATHER 12. Name Chas. H. Diller

13. Birthplace Md Pleasants Fredk Co. Md

MOTHER 14. Maiden Name Anna V. Saylor

15. Birthplace Keltour Fredk Co. Md

16 (a) Informant Mrs. Rhea Diller

(b) Address Keltour Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 13-40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Cemetery

Location Mt. Hope Woodsboro Md

18 (a) Funeral director M. L. Creagh & Son

(b) Address Thurmont Md

19 (a) 11- March-1940 (b) Ira J. McSurdy (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death March 10 1940, at 5 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1940, to March 10 1940, and that I last saw him alive on March 10 1940.

Immediate cause of death	Duration
Myocardial Insufficiency	2 mo.
Due to Malignant Hypertension	
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Austin Pearre M. D. or other

Address Frederick, Md. Date signed 3/10/40.

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83a)

Reg. Dist. No. 131

03125

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 18 W. 7th.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 80yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City ~~or town~~ Frederick. (If outside city or town limits, write RURAL and give town)

(d) Street No. 18 W. 7th. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** William Hammond Dyer

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of ~~husband~~ or wife: Elizabeth Walsh

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 23, 1859

8. **AGE:** Years 80 | Months 9 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick- Co.- Md. (Town, county, and state)

10. Usual occupation Salesman (Retired)

11. Industry or business Dry Goods

FATHER

12. Name Joseph Dyer

13. Birthplace Germany

MOTHER

14. Maiden Name Elizabeth Wilson

15. Birthplace Baltimore, Maryland

16 (a) Informant Miss Mary E. Dyer

(b) Address 18 W. 7th.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3-15-40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Maryland

18 (a) Funeral director C.E.Cline and Son

(b) Address Frederick, Maryland

19 (a) 13-Mar-'40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death March 12th 1940, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1940, to Mar 12 1940 and that I last saw him alive on Mar 10th 1940

Immediate cause of death: Cerebral Hemorrhage

Due to: Arterio Schrum

Due to:

Other conditions: Bed ridden 8 years due to Cerebral Hemorrhage (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 6 days, 10 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Hedrick M. D. or other

Address Frederick Date signed March 13th 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

03126

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick

City or town Rural Nr. Sabillasville.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Rural Nr. Sabillasville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME ROY EBY

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Anna Shields

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) March. 31st. 1879

8. AGE: Years 60 | Months 11 | Days 26 | If less than one day ___ hrs. ___ min.

9. Birthplace Sabillasville Fredk Co. MD (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business Agriculture

FATHER

12. Name Daniel Eby.

13. Birthplace Woodsboro. Fredk Co. Md

MOTHER

14. Maiden name Laura Birely

15. Birthplace Sabillasville. MD.

16. Informant Walter Eby.

Address Sabillasville. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mch. 30th. 40 (month) (day) (year)

Cemetery or crematory Cemetery

Location Sabillasville Fredk Co. Md

18. Funeral director M. L. Creager & Son.

Address Thurmont. Md

19. 3/29 1940 (Date rec'd by registrar) C E Shields Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch. 27th. 40 at 7 A:M. 19___, at ___ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 10 1939, to Mch. 27 1940, and that I last saw him alive on 3-26 1940.

Immediate cause of death Chronic Myocarditis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

DURATION ?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. C. Bridges M.D. or other

Address Blue Ridge Summit Pa Date signed 3/28/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

CERTIFICATE OF DEATH

03127

Reg. Dist. No. 147

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:
County: Frederick
City or town: Rural near Unionville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 2 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Rural Near Unionville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: John W. Everly

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Dec. 21 1939

8. AGE: Years | Months: 2 | Days: 28 | If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER
12. Name: Albert Everly
13. Birthplace: Montgomery County

MOTHER
14. Maiden name: Margaret Saylsman
15. Birthplace: Montgomery County

16. Informant: Albert Everly
Address: Mt. City R.D. # 4

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 21 1940 (month) (day) (year)
Cemetery or crematory: Locust Grove
Location

18. Funeral director: C. M. Walk
Address: Winfield, Md.

19. March 20 1940 (Date rec'd by registrar) Ashley R. Molesworth Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19 1940, at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 16 1940, to Mar. 19 1940, and that I last saw him alive on Mar. 16 1940.

Immediate cause of death: Lobar Pneumonia — DURATION

Due to — DURATION

Due to — DURATION

Other conditions — DURATION

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: T. H. Legg
M. D. or other
Address: Union Bridge Date signed: 3/20/40

RECEIVED
APR 4 1940
BUREAU, V. C.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03128

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick --Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Emergency Hospital
Stay in hospital or inst. (yrs., or mos., or days): 23 Days
Stay in this community (yrs., or mos., or days): 50 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 250 East Sixth
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Ada Amelia Eyler

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, ~~widowed, or divorced~~
Female	White	Married

B (b) Name of husband or ~~wife~~: Thomas E. Eyler
6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): November 12, 1874

8. AGE: Years	Months	Days	If less than one day
65	4	17	____ hrs. ____ min.

9. Birthplace: Frederick County Maryland (Town, county, and state)
10. Usual occupation: House-wife
11. Industry or business: At Home

FATHER
12. Name: Hezikiah Young.
13. Birthplace: Frederick County Maryland

MOTHER
14. Maiden name: Manzella Laken
15. Birthplace: Frederick County Maryland

16. Informant: Mr. Thomas E. Eyler
Address: 250 E. 6th St., Frederick, Md.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof: 4/1/40 (month) (day) (year)
Cemetery or ~~crematory~~: Mt. Olivet
Location: Frederick, Maryland
18. Funeral director: M. R. Etchison & Son
Address: Frederick, Maryland

19. 30-Mch-1940 (Date rec'd by registrar) J. M. Coundy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 29th, 1940, at 8:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 6th, 1940, to March 29, 1940, and that I last saw her alive on March 29th, 1940.

Immediate cause of death: Carcinoma of Uterus — DURATION: 6 Mo.+

Due to: ____

Due to: ____

Other conditions: ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of: ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): ____
Means of injury: ____ Injured at work?

23. SIGNATURE: B. O. Thomas M. D. or other
Address: Frederick, Md. Date signed: 30-3-40

RECEIVED
APR 8 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83a)

Reg. Dist. No. 13

03129

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days
(e) Length of stay in this community (yrs., mos., or days) yrs. 1

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick Md.
(c) ~~City~~ or town New Midway Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Near New Midway Md
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mr Thomas Jefferson Byler

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced.~~
male	white	Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 24 1866

8. AGE: Years	Months	Days	If less than one day
74	05	13	hr. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Conrad Byler
13. Birthplace Md.

MOTHER
14. Maiden Name Elizabeth Moser
15. Birthplace Md.

16 (a) Informant Mildred Gordon
(b) Address Emergency Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 14 40 (month) (day) (year)
(c) Cemetery or crematory Apples Church
Location near Thurmont

18 (a) Funeral director Wildhide & Creager
(b) Address Thurmont Md

19 (a) 12-Mch.-40 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death March 11 1940 at 10.8 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 9 1940, to March 11 1940 and that I last saw him alive on March 11 1940.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Arterio-Sclerosis	2yrs +
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other

Address Frederick, Md Date signed 3/12/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03130

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 441

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Schaffer Hospital
Stay in hospital or insl. (yrs., or mos., or days): 18 days.
Stay in this community (yrs., or mos., or days): 12 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Brunswick Ward No. 3rd
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 520 Brunswick Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Alice Mc Fadden

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	widow

6 (b) Name of husband or wife: Thomas Mc Fadden.
B(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Apr. 25 1867

8. AGE: Years	Months	Days	If less than one day
72	10	28	____ hrs. ____ min.

9. Birthplace: West Virginia (Town, county, and state)
10. Usual occupation: housewife
11. Industry or business
FATHER 12. Name: Roland Carr
13. Birthplace: West Virginia.
MOTHER 14. Maiden name: Ruth Warnick
15. Birthplace: West Virginia.
16. Informant: Mrs C. E. Lalley
Address: Brunswick Md.
17. Burying + Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 24. 1940 (month) (day) (year)
Cemetery or crematory: Bluemont Cemetery
Location: Grafton, West Virginia.
18. Funeral director: C. H. Feete + Bro.
Address: Brunswick, Mayland.
19. Mar 26 1940 (Date rec'd by registrar) Mrs H. S. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 22 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from March 15 1940, to March 22 1940
and that I last saw h alive on March 22 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 weeks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: William Schaffer M. D. or other
Address: Brunswick Date signed: 3/27/40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 135

03131

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Rural - Nr Myersville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick Co.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 69-9-19

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Rural - Nr Myersville (If outside city or town limits, write RURAL and give town)
(d) Street No. Frederick Co. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Charles Henry Gaver

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Effie Grossnickle

6 (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) May 15 1870

8. AGE: Years 69 | Months 9 | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Nr Ellerton, Freder, Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Gaver
13. Birthplace Frederick Co. Md

MOTHER
14. Maiden Name Malinda Cline
15. Birthplace Frederick Co Md

16 (a) Informant Ralph Gaver
(b) Address Myersville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6, 1940 (month) (day) (year)
(c) Cemetery or crematory Grossnickles
Location Nr Ellerton, Fred. Co. Md

18 (a) Funeral director Thos. Gittle & Son
(b) Address Myersville, Md.

19 (a) Mar. 5 (Date rec'd by registrar) (b) Charles L. Leatherman Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 4 1940, at 1:05 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 1 1940 to Mar 3 1940, and that I last saw him alive on Mar 3 1940.

Immediate cause of death	Duration
Pulmonary Infarct	2 days
Due to	
Due to	
Other conditions Chr. Valvular Heart Disease (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J Elmer Hartman M.D. (M. D. or other)
Address Middletown Date signed 3-4-40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 9 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03132

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Frederick (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution 113 East 7th. St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Frederick
City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 113 East 7th St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME John Dallas Hann

3. (b) Social Security Number 214-10-3167

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lola I. Bell
6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Sept. 15th/ 1885

8. AGE: Years	Months	Days	If less than one day
54	6	12	____ hrs. ____ min.

9. Birthplace Creagerstown. Md (Town, county, and state)
10. Usual occupation Manager
11. Industry or business Clothing & General Mdse. Store

FATHER
12. Name George W. Hann.
13. Birthplace Creagerstown. Frodk Co. MD

MOTHER
14. Maiden name Julia Clem
15. Birthplace Creagerstown Frodk Co. MD

16. Informant Miss Julia Hann
Address 113 E. 7th. St. Frederick. MD

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mch. 29th. 40 (month) (day) (year)
Cemetery or crematory Cemetery. (Creagerstown.)
Location Creagerstown. Md
18. Funeral director M. L. Creager & Son. Thurmont. MD
Address

19 28 Mch 1940 (Date rec'd by registrar)
J. M. Lemley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch. 27th. 40. at 19 8;20 A;M, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 22d 40 to March 27 19 40 and that I last saw h alive on March 27th 19 40.

	DURATION
Immediate cause of death Angina Pectoris	4 days
Due to Arterio Sclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank H Hedges M. D. or other
Address Frederick Date signed Mch 28th 1940

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03133

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS AT 5

1. PLACE OF DEATH:

County: Frederick

City or town: rural Mt. Ville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick, Md. R.D. 4

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1mO 13days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: rural Mt. Ville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Frederick, Md. R. D. 4

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Anna Mae Beatrice Harris

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 28, 1940

8. AGE: Years	Months	Days	If less than one day
0	1	13	hrs. min.

8. Birthplace: Mt. Ville, Frederick, Md. (Town, county, and state)

10. Usual occupation: At home

11. Industry or business

FATHER — 12. Name: Michael G. Harris,

13. Birthplace: Near Doub, Md.

MOTHER — 14. Maiden name: Helen A. Bowins,

15. Birthplace: Point of Rocks, Md.

16. Informant: Michael G. Harris,

Address: Frederick, Md. R. D. 4

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3 / 11 / 40 (month) (day) (year)

Cemetery or crematory: Pt. of Rocks, Colored

Location: Point of Rocks, Md.

18. Funeral director: M. R. Etchison & Son,

Address: Frederick, Maryland

19. 11-Mch 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 11th., 1940, at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8 1940, to March 8 1940, and that I last saw h-e alive on March 8 1940.

Immediate cause of death	DURATION
Congenital Syphilis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: P. W. Barr M. D. or other

Address: Frederick, Md. Date signed 3/11/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03134

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Frederick.
City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days): 10 Days
Stay in this community (yrs., or mos., or days): 10 Days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland. County:
City or town: Baltimore. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 310 E. 26 th, St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Warner R. Hazlegrove

3. (b) Social Security Number: 213-07-1162

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Bertha F. Hazlegrove
6(c) If alive, give age: 50 years

7. Birth date of deceased (mo., day, yr.): August 22 1888

8. AGE: Years: 51 Months: 6 Days: 21 If less than one day: hrs. min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: Electrician

11. Industry or business:

FATHER
12. Name: Warner R. Hazlegrove
13. Birthplace: Cumberland Co Va.

MOTHER
14. Maiden name: Jennie Sterling
15. Birthplace: Harrisonburg. Va.

16. Informant: Warner R. Hazlegrove
Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar. 16 1940 (month) (day) (year)
Cemetery or crematory: Western Cem.
Location: Baltimore. Md.

18. Funeral director: M.L.Creager
Address: Thurmont. Md.

19. 3/14/1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 14 1940, at A.M. 6.20 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 4 1940, to Mar 14 1940, and that I last saw him alive on Mar 13 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 17 Yrs.

Due to: Tubercle Bacilli

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Goodfasture M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed: 3/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
MAR 18 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

03135

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
~~City~~ or town Jefferson
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 82 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
~~City~~ or town Jefferson Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Bettie Washington Hemp

3. (b) Social Security Number None.

4. Sex	5. Color or race	6. (a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 11, 1857

8. AGE: Years	Months	Days	If less than one day
82	5	25	hrs. min.

9. Birthplace Jefferson, Md. (Town, county, and state)
10. Usual occupation House Work
11. Industry or business At Home
FATHER 12. Name Abraham Hemp, Sr.
13. Birthplace Near Jefferson, Md.
MOTHER 14. Maiden name Hannah Slifer
15. Birthplace Burkittsville, Md.
16. Informant Mr. Abraham Hemp, Jr.
Address Jefferson, Md.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof 3/8/40 (month) (day) (year)
Cemetery or ~~crematory~~ Reformed Cemetery
Location Jefferson, Md.
18. Funeral director M. R. Etchison & Son
Address Frederick, Md.
19. 7-Mch (Date rec'd by registrar) 1940 D. M. Crumbacker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 6 1940, at 4:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1936, to Mar 6 1940, and that I last saw h alive on Mar 5 1940.

Immediate cause of death Cerebral hemmhage & edema Puerperal Causes — DURATION 3/2/40
Due to Generalized arteriosclerosis
Due to
Other conditions Pulmonary angina
~~Puerperal Incidents~~.
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr. Lawrence T. Price M. D. or other
Address Jefferson Md. Date signed 3/6/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03136

Reg. Dist. No. 126

1. PLACE OF DEATH:

County Frederick

City or town Dr. Urbana

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 year

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town Dr. Urbana Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas B. Hipkins

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Emma C. Hipkins

6(c) If alive, give age Dec'd years

7. Birth date of deceased (mo., day, yr.) Aug. 26-1856

8. AGE: Years	Months	Days	If less than one day
83	6	11	hrs. min.

9. Birthplace Baltimore Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Charles D. Hipkins

13. Birthplace Md.

MOTHER 14. Maiden name Mary A. Clark

15. Birthplace Md.

16. Informant Walter L. Hipkins

Address Ijamsville Md.

17. (Burial, cremation, or removal. Which?) Date thereof 3-20-1940 (month) (day) (year)

Cemetery or crematory Hyattstown Md.

Location

18. Funeral director Hilton T. Burdette

Address Hyattstown Md.

19. 3/18 (Date rec'd by registrar) 1940 G. A. Hendrickson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1940, at 830 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__

and that I last saw h[illegible] alive on March 17 1940

Immediate cause of death Arteriosclerotic Cardio-vascular disease — DURATION Fy[illegible]

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. W. Burr (Deputy Med. Ex) M. D. or other

Address Frederick, Md Date signed 3-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

03137

Reg. Dist. No. 137

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VSA15

1. PLACE OF DEATH:
County: Frederick
City or town: Rural near Liberty town
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: R.F.D. No 2, Mt Airy, Md
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Rural near Libertytown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: R.F.D. No 2, Mt Airy, Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Virginia Frances Horton

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 26, 1940

8. AGE: Years: 0 | Months: 0 | Days: 1 | If less than one day: hrs. min.

9. Birthplace: Near Liberty town
(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: Joseph W. Horton
13. Birthplace: Frederick Co. Maryland

MOTHER
14. Maiden name: Margaret E. Stull
15. Birthplace: Frederick Co. Maryland

16. Informant: Joseph W. Horton
Address: Rt. 2, Mt Airy, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 28th 1940 (month) (day) (year)
Cemetery or crematory: Mt Olivet
Location: Frederick Md

18. Funeral director: Powell & Albaugh
Address: Libertytown Md

19. Mar 27 1940 (Date rec'd by registrar) W D Putman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 27 1940, at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 26 1940, to March 27 1940, and that I last saw h alive on March 26 1940.

Immediate cause of death: Premature birth (Mother was pregnant 5½ months) — DURATION: 1 day

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (Stste)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Ernest P. Koop M.D.
M. D. or other
Address: New Market, Md. Date signed: Mar 27/940

RECEIVED
APR 3 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

03138

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County: Fredrick

City or town: Near Emmitsburg, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 25 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Fredrick

City or town: Rural near Emmitsburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Fredrick Co, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Johanna Hranicka

3. (b) Social Security Number: none

4. Sex: Fm

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Joseph Hranicka

6(c) If alive, give age: 82 years

7. Birth date of deceased (mo., day, yr.): August 17, 1858

8. AGE: Years: 81 Months: 7 Days: 00 If less than one day: ____ hrs. ____ min.

9. Birthplace: Bohemia
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Jam Potz
13. Birthplace: Bohemia

MOTHER
14. Maiden name: Barbara Zelinka
15. Birthplace: Bohemia

16. Informant: Joseph Hranicka

Address: Emmitsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 19, 1940 (month) (day) (year)

Cemetery or crematory: Mountain Vieu

Location: Emmitsburg, Md.

18. Funeral director: S. L. Allison

Address: Emmitsburg, Md.

19 Mch 18 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 17 1940, at 7 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1936 19__, to March 17 1940, and that I last saw her alive on Mar. 17 1940.

Immediate cause of death: arterio sclerotic Cardio vascular disease — Seven years

Due to

Due to

Other conditions: Chronic cholecystitis with cholelithiasis — 2 years
(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. R. Cadle M D
M. D. or other

Address: Emmitsburg, Md Date signed: 3-18-40

RECEIVED
APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (61)

03139

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Schnaffer Hospital
Stay in hospital or inst. (yrs., or mos., or days) 9 Days
Stay in this community (yrs., or mos., or days) 47 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Fred.
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Virginia Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elisha James ~~James~~

3. (b) Social Security Number None

4. Sex: male
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Emma Canby
6(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.): Oct 7th 1865

8. AGE: Years 74 Months 5 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace W Va (Town, county, and state)
10. Usual occupation Freight Conductor
11. Industry or business B & O R R
FATHER 12. Name Walter James
13. Birthplace W Va
MOTHER 14. Maiden name Martha Everhart
15. Birthplace W. Va
16. Informant Mrs Ruth James Schaefer
Address Hyattsville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mch 19 — 1940 (month) (day) (year)
Cemetery or crematory Green Hill
Location Martinsburg W Va
18. Funeral director C H Feete & Bro
Address Brunswick Md
19. Mar 17 1940 Mrs H. S. Hedges (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16 1940, at 3 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 1940, to March 16 1940, and that I last saw him alive on March 16 1940.
Immediate cause of death: Diabetic Gangrene of Left foot
Due to Diabetes.
Due to
Other conditions Arterial Sclerosis
(Include pregnancy within 3 months of death)
Major findings:
Of operations Amputation of Leg
Of autopsy None.

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William Schnaffer M. D. or other
Address Brunswick Date signed March 16 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

03140

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick

City or town Brunswick Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State _____ County _____

City or town _____ Ward No. _____

(If outside city or town limits, write RURAL NEAR and give town)

Street No. _____

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME Kaitzle

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced —

6 (b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb 10/40

8. AGE: Years — Months ~~Feb~~ Days ~~11~~ If less than one day 15 hrs. — min.

9. Birthplace Brunswick Frederick Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name J Harry Kaitzle

13. Birthplace Md

MOTHER 14. Maiden name Florence A Donovan

15. Birthplace Md

16. Informant J Harry Kaitzle

Address Brunswick Md

17. _____ (Burial, cremation, or removal. Which?) Date thereof Mch 10, 1940 (month) (day) (year)

Cemetery or crematory Park Heights Cemetery

Location Brunswick, Md.

16. Funeral director C. H. Feeley

Address Brunswick

19. Nov 11 1940 (Date rec'd by registrar) Mrs H. L. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 10 1940, at 11 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 10 1940, to Mch 10 1940, and that I last saw her alive on Mch 10 1940.

Immediate cause of death Immature Birth

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: —

Of operations _____

Of autopsy —

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE [signature] Md. M. D. or other

Address Brunswick Date signed Mch 11/40

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03141

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town, Frederick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 221 E. Church St.,
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) three yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town, Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 221 E. Church
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME William Earl Krise

3. (b) Social Security Number 215-14-1221

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1893

8. AGE:

Years	Months	Days	If less than one day
47	2	27	hrs. min.

9. Birthplace Nr. Woodsboro, Frederick Co. Md.
(Town, county, and state)
10. Usual occupation Time keeper, W. P. A.
11. Industry or business
FATHER 12. Name Daniel Oliver Krise,
13. Birthplace Nr. Woodsboro, Maryland.
MOTHER 14. Maiden name Sarah Stover,
15. Birthplace York Co., Pa.
16. Informant Mrs. Mae Krise Hammaker,
Address Frederick, Maryland
17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/25/40 (month) (day) (year)
Cemetery or crematory Mt. Hope
Location Woodsboro Md
18. Funeral director M. R. Etchison & Son,
Address Frederick, Maryland.
19. 25-Mch (Date rec'd by registrar) 1940 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22nd., 1940, at 2.15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 22 1940, to Mar 22 1940, and that I last saw him alive on Mar 22 1940.

Immediate cause of death	DURATION
Coron occlusion	1 Day
Due to —	
Due to —	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE E. B. Thomas M. D. or other
Address Frederick, Md. Date signed 3/23/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (731)

Reg. Dist. No. 131

03142

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick - Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Monterey County Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 yrs

(e) Length of stay in this community (yrs., mos., or days) 4 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or~~ town Point of Rocks
(If outside city or town limits, write RURAL and give town)

(d) Street No. _____
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Franklin Pierce Ledwidge

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex M

5. Color or race W.

6 (a) ~~Single, married~~, widowed, or ~~divorced.~~ Widowed

6 (b) Name of ~~husband~~ or wife Mary Gresey

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 1852

8. AGE: Years 87 | Months 4 | Days | If less than one day _____ hr. _____ min.

9. Birthplace Fredk. Co. Md.
(Town, county, and state)

10. Usual occupation Lumber man

11. Industry or business Saw Mill

FATHER
12. Name Owen Ledwidge
13. Birthplace Md

MOTHER
14. Maiden Name Lucy Bowers
15. Birthplace Woodsboro, Md.

16 (a) Informant Mrs. Wilbur Kruse
(b) Address Woodsboro, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Apr. 3, 1940 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Hope
Location Woodsboro, Md.

18 (a) Funeral director Powell & Albaugh
(b) Address Woodsboro, Md.

19 (a) 2-apr-40 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 31 1940, at 6 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 5 1940, to March 31 1940 and that I last saw him alive on March 31 1940.

Immediate cause of death	Duration
Chronic Myocarditis	5 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature B. O. Thomas
M. D. or other

Address Frederick Md Date signed 4/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03143

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick.

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium. Md.

Stay in hospital or inst. (yrs., or mos., or days): 13 Days.

Stay in this community (yrs., or mos., or days): 13 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland. County: Allegany

City or town: Midlothian. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Mc Gregor.

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife: Mary Mc Gregor.

6(c) If alive, give age: 69 years

7. Birth date of deceased (mo., day, yr.): June 29 1870

8. AGE: Years	Months	Days	If less than one day
69	8	25	hrs. min.

9. Birthplace: Scotland.
(Town, county, and state)

10. Usual occupation: Miner

11. Industry or business

FATHER 12. Name: Robert Mc Gregor

FATHER 13. Birthplace: Scotland.

MOTHER 14. Maiden name: Ellen H. McAlpin.

MOTHER 15. Birthplace: Scotland.

16. Informant: William McGregor

Address: Midlothian , Alleg Co Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 29 1940 (month) (day) (year)

Cemetery or crematory: Cem.

Location: Frostburg. Md.

18. Funeral director: J.J.Durst.

Address: Frostburg Md.

19. 3/25/1940 (Date rec'd by registrar) 19 ____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 25 1940, at 6.30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 12 1940, to Mar 25 1940, and that I last saw him alive on Mar 25 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to	
Pulmonary Tuberculosis	4Yrs
Other conditions: Chronic Myocarditis	
Pneumonoconiosis (Anthracosis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John E. Hoodfracture M. D.
M. D. or other

Address: State Sanatorium, Md. Date signed 3/28/40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

03144

Reg. Dist. No. 139

1. PLACE OF DEATH:
County Frederick
City or town Sabillasville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Frederick
City or town Sabillasville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James Sheridan McKissick
3. (b) Social Security Number None

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife Catherine E. McClain
6(c) If alive, give age ✓ years
7. Birth date of deceased (mo., day, yr.) Dec. 19-1866

8. AGE: Years 73 Months 2 Days 12 If less than one day hrs. min.

9. Birthplace Eylers Valley, Fredk Co. Md
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Wm McKissick
13. Birthplace Eylers Valley-Fredk Co. Md
MOTHER
14. Maiden name Eliza Floha
15. Birthplace Eylers Valley Fredk Co. Md
16. Informant Wm McKissick
Address Sabillasville Md
17. Burial Date thereof Mch 3-40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cemetery-Blue Ridge
Location Thurmont Md
18. Funeral director M. L. Creafer Son
Address Thurmont Md
19. 3/3 1940 Chas E Shields
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mch 1, 1940, at 5 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 27 1940, to March 1 1940, and that I last saw him alive on Feb. 27 1940.
Immediate cause of death Chronic Myocarditis
DURATION 4 yrs
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE James K. Gray DR. JAMES K. GRAY M. D. ~~or other~~
Address Thurmont Md Date signed 2-2-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (157-m)

Reg. Dist. No. 136 03145

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Near Urbana (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Infant boy McVey

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mch 20, 1940

8. **AGE:** Years | Months | Days | If less than one day 4 hr. min.

9. Birthplace Near Urbana Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER

12. Name Mr D. McVey

13. Birthplace Wash. Co. Va.

MOTHER

14. Maiden Name Nora McCauter

15. Birthplace Ash Co. N. C.

16 (a) Informant Mr D. McVey

(b) Address Near Urbana Md

17 (a) (Burial, cremation, or removal) (b) Date thereof (month) (day) (year)

(c) Cemetery ~~or crematory~~ Greenfield

Location Meadowview Wash Co Va.

18 (a) Funeral director C. E. Clinton & Son

(b) Address Frederick Md

19 (a) March 20 (Date rec'd by registrar) (b) G. O. Hendrickson Registrar

MEDICAL CERTIFICATION

20. Date of death March 20 1940, at 1:00 P M

21. I certify that death occurred on the date above stated; that I attended ~~deceased~~ born from March 20 1940, to 19 , and that I last saw him alive on March 20 1940.

Immediate cause of death Cerebral hemorrhage (?)

Due to Congenital malformation of head

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

Duration 4 hrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles H. Conley, Jr. M.D. (M. D. or other)

Address Buckeystown Date signed 3/20/40

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (42) Reg. Dist. No. 13

CERTIFICATE OF DEATH

03146

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 427 North Bentz St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 50 yr.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 427 N. Bentz St (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mamie Nettie Mehling

3 (b) If veteran, name war: none
3 (c) Social Security No. none

4. Sex	5. Color or race	6 (a) ~~Single, married,~~ widowed, or ~~divorced~~
female	white	widowed

6 (b) Name of husband or ~~wife~~ Geo. T. Mehling
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 20 1890

8. AGE: Years	Months	Days	If less than one day
50	2	6	____ hr. ____ min.

9. Birthplace Frederick, Frederick Md (Town, county, and state)
10. Usual occupation House wife
11. Industry or business

FATHER
12. Name Eugene E. Heffner
13. Birthplace Frederick md

MOTHER
14. Maiden Name Rosie Jacobs
15. Birthplace Frederick md.

16 (a) Informant Mrs Wm Hayman
(b) Address Frederick md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/40 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick

18 (a) Funeral director Henry E. Early Co
(b) Address Frederick

19 (a) 27 Mch 40 (Date rec'd by registrar) (b) D. M. Mehling Registrar

MEDICAL CERTIFICATION

20. Date of death March 26 1940, at 12-10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 10 1939, to March 26 1940, and that I last saw him alive on March 25 1940.

Immediate cause of death	Duration
Carcinomatosis	
Due to Carcinoma of uterus	4 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature V. Lawrence Fahrney M.D. (M.D. or other)
Address 17 E Second St. Date signed 3-26-40
Frederick. Md.

RECEIVED
APR 5 19..
BUREAU ...

STATE OF MARYLAND—CERTIFICATE OF DEATH

03147

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. 1 mos. 4 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Olivia Nash If U. S. Veteran, specify WAR None

(a) Residence: No. 920 C St St., Ward. Baltimore Md

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Nash

6. DATE OF BIRTH (month, day, and year) 1865 11/13

7. AGE Years 74 Months 3 Days 16 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Jacob Lugenbill

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Anna Alexander

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs Harvey L Danner Brunswick Md.

18. BURIAL, CREMATION, OR REMOVAL Place Park Hospital Cemetery Brunswick Md Date Mar 3, 1940

19. UNDERTAKER (Address) C. H. Tuten & Bro Brunswick Md.

20. FILED Mar 2, 1940 Wm H. S. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 1 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1940, to March 1, 1940

I last saw her alive on March 1, 1940; death is said to have occurred on the date stated above, at 1 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary occlusion	March 1-40

Other Contributory Causes of Importance: Auricular Fibrillation

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Shumaker M. D.

(Address) Brunswick, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
APR 4 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (940) Reg. Dist. No. 130

03148

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Buckeystown (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Main Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 65 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Buckeystown (If outside city or town limits, write RURAL and give town)

(d) Street No. Main Street (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME: Annie Thomas Nicodemus

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: A. Webb Nicodemus, Jr.

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) December 20, 1874

8. AGE: Years 65 | Months 2 | Days 27 | If less than one day _____ hr. _____ min.

9. Birthplace Buckeystown, Frederick, Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Charles F. Thomas
13. Birthplace near Buckeystown, Maryland

MOTHER
14. Maiden Name Sarah C. Baker
15. Birthplace Buckeystown, Maryland

16 (a) Informant A. Webb Nicodemus, Jr.
(b) Address Buckeystown, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20, 40 (month) (day) (year)
(c) Cemetery or crematory Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) Mch 19 1940 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death March 18 1940, at 8:25 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from April 3 1938, to March 18 1940, and that I last saw ~~him~~ or alive on March 18 1940.

Immediate cause of death	Duration
Acute pulmonary edema	30 min.
Due to CORONARY THROMBOSIS	4/3/38
Due to arteriosclerotic heart dis-	6 yrs. (?)
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles H. Conley Jr. M.D. (M. D. or other)

Address Buckeystown, Md Date signed 3/19/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 2 1949
BUREAU V. S.

Dr. Chas. H. Lockey, Jr.

03149

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Frederick Registration Dist. No. 153

Village or City Walkersville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 1 yrs. 11 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Catherine Ramsburg

(a) Residence: No. Walkersville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Charles Ramsburg

6. DATE OF BIRTH (month, day, and year) Nov. 22, 1877

7. AGE Years 62 Months 3 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. General House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1940 Mar 18

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Walkersville Frederick Md

FATHER

13. NAME Charles W. Staley

14. BIRTHPLACE (city or town) (State or country) Frederick Co Md.

MOTHER

15. MAIDEN NAME Carmelia E. Shankle

16. BIRTHPLACE (city or town) (State or country) Frederick Co Md

17. INFORMANT (Address) Mrs Walter Poole Walkersville Md

18. BURIAL, CREMATION, OR REMOVAL Burial

Place Glade Cemetery Date Mar 21, 1940

19. UNDERTAKER (Address) G. C. Barton Walkersville Md

20. FILED Mar 20, 1940, R. Ward Stauffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 18 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to March 18, 1940

I last saw her alive on March 18, 1940; death is said to have occurred on the date stated above, at 11:30 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Apoplexy

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What last confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Easterday M. D.

(Address) Walkersville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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APR 8 1940

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03150

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and tersely.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Sanatorium, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium
Stay in hospital or inst. (yrs., or mos., or days): 5 mos.,21 days
Stay in this community (yrs., or mos., or days): 5 mos.,21 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 402 Academy St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ralph Rash

3. (b) Social Security Number: 222-09-245 7

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Divorced

6 (b) Name of husband or wife: Hazel Rash
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 14 1903

8. AGE: Years	Months	Days	If less than one day
37	0	1	hrs. min.

9. Birthplace: Dorchester Co., Md (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: William Rash
13. Birthplace: Vienna, Dorchester Co., Md.

MOTHER
14. Maiden name: Rose Frazuer
15. Birthplace: Baltimore, Md

16. Informant: Ralph Rash
Address: Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 18, 1940 (month) (day) (year)
Cemetery or crematory:
Location: Smyrna, Kent Co., Md.
18. Funeral director: M.L. Creager & Son
Address: Thurmont Md.

3/15/1940

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15 19 40, at 5:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 23 19 39, to Mar. 15 19 40, and that I last saw him alive on Mar. 15 19 40

Immediate cause of death	DURATION
Pulmonary Tuberculosis	3 Yrs
Due to: Tubercle Bacilli	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: John E. Headfracture, M.D.
M. D. or other
Address: State Sanatorium, Md. Date signed 3/17/40

RECEIVED
MAR 21 1940
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (94a)

Reg. Dist. No. 144

03151

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Thurmont (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Thurmont (If outside city or town limits, write RURAL and give town)

(d) Street No. — (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Philip Warren Rogers

3 (b) If veteran, name war World

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of ~~husband~~ or wife Ruth Webster Rogers

6. (c) If alive, give age 46 years

7. Birth date of deceased (mo., day, yr.) June 10 - 1893

8. AGE: Years 47 Months 2 Days 20 If less than one day ___ hr. — min.

9. Birthplace New Haven Conn (Town, county, and state)

10. Usual occupation Photographer

11. Industry or business Col

FATHER

12. Name George E Rogers

13. Birthplace Colchester Conn

MOTHER

14. Maiden Name Flora M Crouse

15. Birthplace Carroll Co Md

16 (a) Informant Mrs Philip Rogers

(b) Address Thurmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 1 - 1940 (month) (day) (year)

(c) Cemetery or ~~crematory~~ U Brethren

Location Thurmont

18 (a) Funeral director Willhide & Eberger

(b) Address Thurmont

19 (a) March 31/1940 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death March 30 1940, at 12 05 p.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 13 1940, to Mar. 30 1940, and that I last saw him alive on Mar. 30 1940.

Immediate cause of death Coronary Occlusion — Duration Sudden

Due to Coronary arteriosclerosis — unknown

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James T Gray M. D. (M. D. or other)

Address Thurmont Md. Date signed 3-30-40.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 9 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03152

(148-a)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 135

Village or City Wolfsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Faye Schroyer

(a) Residence: No. Wolfsville St. Ward.

(Usual place of abode)

If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albert Schroyer

6. DATE OF BIRTH (month, day, and year) July-25-1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	24	7	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Mar-1940

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Wolfsville Maryland

FATHER

13. NAME Geo. Barkdoll

14. BIRTHPLACE (city or town) (State or country) Wolfsville Maryland

MOTHER

15. MAIDEN NAME Cora Della Masken

16. BIRTHPLACE (city or town) (State or country) Wolfsville Maryland

17. INFORMANT (Address) Geo. Barkdoll

18. BURIAL, CREMATION, OR REMOVAL Place Myersville C.B. Cemetery Date Mar-19-1940

19. UNDERTAKER (Address) Emory Frey Smithsburg

20. FILED Mar. 18, 1940 Charles L. Leatherman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar. 17 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1940, to Mar. 17, 1940

I last saw her alive on Mar. 17, 1940; death is said to have occurred on the date stated above, at 4 A. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Puerperal Eclampsia	Mar. 16 1940

Deceased was taken sick, with violent convulsions. Her husband could not get another doctor. She went into labor, was delivered of a female child and died almost immediately afterward. Physician never saw the child - he was not present either at the birth of the child, or at the time of its

Other **Contributory Causes** of importance: by her husband and family,

Name of operation mother's death Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. V. Eaton M. D.

(Address) Myersville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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APR 9 1940
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a) Reg. Dist. No. 131

CERTIFICATE OF DEATH

03153

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Montevue - County Home

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 yrs.

(e) Length of stay in this community (yrs., mos., or days) 35yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. ~~107 W. Patrick St.~~ Montevue
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Walter Edward Shearer

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband~~ or wife Florence May Houck

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) April 24, 1874

8. AGE: Years	Months	Days	If less than one day
65	10	6	_____ hr. _____ min.

9. Birthplace Middletown - Fred. Co., - Md.
(Town, county, and state)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name George Shearer
13. Birthplace Germany

MOTHER
14. Maiden Name Mary Main
15. Birthplace Maryland

16 (a) Informant George David Shearer
(b) Address Frederick, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-4-40 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mount Olivet
Location Frederick, Maryland

18 (a) Funeral director C. E. Cline and Son

(b) Address Frederick, Maryland

19 (a) Mar 4 40 (Date rec'd by registrar) (b) J. M. Landy Registrar

MEDICAL CERTIFICATION

20. Date of death January 1 1940, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 25 1940, to March 1 1940, and that I last saw him alive on March 1 1940.

Immediate cause of death	Duration
Cerebral hemorrhage	5 days
Due to	
Aorta - Sclerosis	5 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. B. Thomas
M. D. or other

Address Frederick, Md Date signed 3/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physician: please write the causes of death clearly and legibly.

VS. A15

Wm. B. A. Thomas.

RECEIVED
APR 3 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-3)

Reg. Dist. No. 137

03154

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Libertytown (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State (b) County

(c) City or town (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Minnie Adella Shelton

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife James H Shelton

6. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Mar. 4 - 1870

8. **AGE:** Years 70 Months Days 18 If less than one day hr. min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Simon Burrier

13. Birthplace Md

MOTHER

14. Maiden Name Jane Poole

15. Birthplace Md

16 (a) Informant James H Shelton

(b) Address Libertytown

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 25 (month) (day) (year)

(c) Cemetery or crematory Union Chapel

Location 2 mi west Libertytown

18 (a) Funeral director Powell & Albaugh

(b) Address Libertytown

19 (a) Mar 22 1940 (b) M Cerfman (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death Mar. 22 1940 at 4.15 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1940, to Mar 22 1940, and that I last saw him alive on Mar 1940.

Immediate cause of death	Duration
Bronchopneumonia	3 days
Due to Influenza	7 "
Due to	
Other conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Otis B. Stone M. D. or other

Address Libertytown Date signed Mar. 22

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83-a)

Reg. Dist. No. 14 5

CERTIFICATE OF DEATH

03155

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Myersville (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 73 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Myersville (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME George Elston Shepley

3 (b) If veteran, name war —

3 (c) Social Security No. 212-14-6533

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Ida C. Raymer

6. (c) If alive, give age 72 years

7. Birth date of deceased (mo., day, yr.) Sept 25, 1866

8. AGE: Years 73 | Months 6 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Ellerton, Frederick Co. Md (town, county, and state)

10. Usual occupation Janitor

11. Industry or business Myersville Savings Bank

FATHER
12. Name Fred S Shepley
13. Birthplace Ellerton — Md Frdk Co.

MOTHER
14. Maiden Name Cynthia Aryor
15. Birthplace Fayetville, Fred Co, Md.

16 (a) Informant Mrs Geo. E. Shepley
(b) Address Myersville, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 29 1940 (month) (day) (year)
(c) Cemetery or crematory St Pauls Lutheran
Location Myersville, Md.

18 (a) Funeral director J. Thos Buttery & Son
(b) Address Myersville, Md.

19 (a) March 28, 1940 (Date rec'd by registrar) (b) William S. Waehtel Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 26 1940 at 11:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 18 1940, to Mar 26 1940, and that I last saw him alive on Mar 26 1940.

Immediate cause of death	Duration
Cerebral Hemmorhage	8 days
Due to	
Due to Arterio-Sclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. E. Harp M. D. or other
Address Middletown Date signed 3-28-40

RECEIVED
APR 3 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

03156

Reg. Dist. No. 144

1. PLACE OF DEATH:
County: Frederick
City or town: Rural Near Thurmont
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 25 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Frederick
City or town: Rural Near Thurmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Minerva. V. Simmers

3. (b) Social Security Number: No

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: Harry S. Simmers
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 22nd. 1876

8. AGE: Years	Months	Days	If less than one day
63	11	0	hrs. min.

9. Birthplace: Middletown. Frodk Co. MD (Town, county, and state)
10. Usual occupation: House-Wife
11. Industry or business: Own Home
FATHER 12. Name: John T. Hessong
13. Birthplace: Middletown. Frodk Co. Md
MOTHER 14. Maiden name: Ann R. Gaver
15. Birthplace: Middletown. Frodk Co. Md
16. Informant: John J. Simmers.
Address: Thurmont. MD
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mch. 25th. 40 (month) (day) (year)
Cemetery or crematory: Blue Ridge Cemetery
Location: Thurmont. Md
18. Funeral director: M. L. Creager & Son.
Address: Thurmont. MD
19. March 29 1940 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mch. 22nd. 1940 at 12;30 P; M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1936 to Mar. 22 1940 and that I last saw her alive on Mar. 22 1940.

Immediate cause of death	DURATION
Myocarditis Chronic	4 yrs
Due to —	
Due to —	
Other conditions: Chronic Hypertension	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: James K. Gray DR. JAMES K. GRAY
M. D. or other
Address: Thurmont. Md. Date signed 3-23-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131-a)

Reg. Dist. No. 134

03157

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick Co

(b) City or town Emmitsburg Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Nr Emmitsburg Rural

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 2 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Emmitsburg Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Elias Thornton Singer

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race W

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Alice Stultz Singer

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 23-1847

8. AGE: Years 92 Months 9 Days 4 If less than one day hr. min.

9. Birthplace Uniontown, Md Carroll Co (Town, county, and state)

10. Usual occupation Blacksmith

11. Industry or business

FATHER 12. Name Jacob Singer

13. Birthplace Unknown

MOTHER 14. Maiden Name Unknown

15. Birthplace DO

16 (a) Informant Guy Singer

(b) Address Union Bridge, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 25-40 (month) (day) (year)

(c) Cemetery or crematory Cemetary

Location Beaver Dam Union Bridge Md

18 (a) Funeral director Raymond K. Wright

(b) Address Union Bridge, Md

19 (a) Mch 24/1940 (Date rec'd by registrar) (b) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. Date of death March 23 1940, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1940, to March 22 1940, and that I last saw him alive on March 22 1940.

Immediate cause of death Hypertensive cardio-vascular renal disease

Due to Senility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. E. Easterday M. D. or other

Address Wolfersville, Md Date signed 3/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03158

CERTIFICATE OF DEATH

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Frederick

City or town: Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: State Sanatorium.

Stay in hospital or inst. (yrs., or mos., or days): 5 Mos 17 Days

Stay in this community (yrs., or mos., or days): 5 Mos 17 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County:

City or town: Baltimore. Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1928 Fleet. St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Alexander Sokolowski

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife: Anna Sokolowski

6 (c) If alive, give age: 37 years

7. Birth date of deceased (mo., day, yr.): November 7 1899

8. AGE: Years	Months	Days	If less than one day
40	4	18	____ hrs. ____ min.

9. Birthplace: Bolopi. Mississippi.
(Town, county, and state)

10. Usual occupation: Bar-Tender

11. Industry or business:

FATHER — 12. Name: Unknown

FATHER — 13. Birthplace: Poland.

MOTHER — 14. Maiden name: Ida. Woskelowika

MOTHER — 15. Birthplace: Poland.

16. Informant: Alexander Sokolowski

Address: Baltimore. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 29 1940 (month) (day) (year)

Cemetery or crematory: St. Stanislaus Cem.

Location: Baltimore. Md.

18. Funeral director: M.L.Creager & Son.

Address: Thurmont. Md.

19. 4/27/1940 (Date rec'd by registrar) 19____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 25 1940, 4.25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 8 1939, to Mar 25 1940, and that I last saw him alive on Mar 25 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	8 Mos
Due to: Tubercle Bacilli	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations: none

Dt autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Jno E. Hoffstetter M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed: 3/27/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03159

Reg. Dist. No. 139

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Frederick
City or town Sanatorium. Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: State Sanatorium.
Stay in hospital or inst. (yrs., or mos., or days) 1 Mos 23 Days.
Stay in this community (yrs., or mos., or days) 1 Mos 23 Days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Baltimore.
City or town Sparrows Point. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 1218 Beechwood Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Margaret C. Taylor

3. (b) Social Security Number: none

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married.

6 (b) Name of husband or wife: Charles Taylor.
8 (c) If alive, give age: 32 years

7. Birth date of deceased (mo., day, yr.): June 20 1913

8. AGE: Years 26 | Months 8 | Days 25 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Baltimore. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Raymond Meyers.
13. Birthplace: Baltimore. Md.

MOTHER
14. Maiden name: Mary Meyers Callender
15. Birthplace: Baltimore. Md.

16. Informant: Margaret C. Taylor
Address: Sparrows Point Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 20 1940 (month) (day) (year)
Cemetery or crematory: Parkwood Cem.
Location: Baltimore. Co. Md.

18. Funeral director: M.L.Creager & Son
Address: Thurmont. Md.

19. 3/16 1940 (Date rec'd by registrar) 19____ Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 16.1940 19____ P.M. 11.00

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 22 1940, to Mar 16 1940, and that I last saw her alive on Mar 16 1940.

Immediate cause of death: Pulmonary Tuberculosis — DURATION: 7 Yrs
Due to: Tubercle Bacilli
Due to:
Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE John E. Goodhouse, M.D.
(M. D. or other)
Address State Sanatorium, Md. Date signed 3/17/40

RECEIVED
MAR 28 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 94a

03160

WITHIN CORPORATE LIMITS

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
County Frederick
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 9th Ave.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 9th Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Myrtle Mattie Tedrick
3. (b) Social Security Number None

4. Sex Female
5. Color or race white
6. (a) Single, married, widowed, or divorced married
6 (b) Name of husband or wife Charles Tedrick
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan. 11th 1876

8. AGE: Years 64 Months 2 Days 4 If less than one day hrs. min.

9. Birthplace West Virginia (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business —
FATHER 12. Name Fred W. Hovermale
13. Birthplace West Virginia
MOTHER 14. Maiden name Matilda Rockwell
15. Birthplace West Virginia
16. Informant Charles Tedrick
Address Brunswick Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 18, 1940 (month) (day) (year)
Cemetery or crematory Park Heights
Location Brunswick Maryland
18. Funeral director C. H. Feete & Bro
Address Brunswick, Md.
19. Mar 14 1940 (Date rec'd by registrar) Mrs H. S. Hodges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940 at 2 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12 1940, to March 15 1940, and that I last saw her alive on March 14 1940.
Immediate cause of death Coronary occlusion — DURATION week
Due to Heart sclerosis of vessels
Due to
Other conditions Auricular fibrillation
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE William Schrappler M. D. or other
Address Brunswick Date signed March 16 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

CB 03161

WITHIN CORPORATE

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH Social Security # 236-03-0517

County Frederick (170-C) Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Harry Richard Thompson U. S. Veteran, specify WAR Nonga

(a) Residence: No. ___ St., ___ Ward. Lovettsville Va.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florence Isabel Thompson

6. DATE OF BIRTH (month, day, and year) Mar 3 1910

7. AGE Years 29 Months 11 Days 11 29 If LESS then 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Truck Driver

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Loudon Co Va.

FATHER

13. NAME Thomas R Thompson

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Sarah Viola McFoka

16. BIRTHPLACE (city or town) (State or country) Virginia

17. INFORMANT Mrs F I Thompson (Address) Lovettsville Va.

18. BURIAL, CREMATION, OR REMOVAL Mt Olivet Place Lovettsville Va. Date Mar 4, 1940

19. UNDERTAKER O H Tute & Bro (Address) Brunswick Md

20. FILED Mar 3, 1940 Wm H. S. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 2 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from March 2, 1940 to March 2, 1940

I last saw him alive on March 2, 1940, death is said to have occurred on the date stated above, at 1:25 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fractured skull. Fracture of 9, 10, 11-12 ribs on left side of chest compound communicated fracture left humerus

Date of onset March 2-40

Other contributory causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Yes Date of injury 3/2, 1940

Where did injury occur? State Road Virginia (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public Highway

Manner of injury Truck Parcel Rd.

Nature of injury Crushed

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify At work time of accident

(Signed) William Schwartzman M.D.

(Address) Brunswick

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED APR 4 1940 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastrocnteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (170-40)

Reg. Dist. No. 13

03162

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick, Md

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or town~~ near Dickerson, Rural

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mr William Warfield

3 (b) If veteran, name war: No

3 (c) Social Security No. 218-01-3049

4. Sex: M

5. Color or race: W

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of ~~husband~~ or wife: Bettie Warfield

6. (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) Feb 25-1883

8. AGE: Years 56 | Months 11 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore City Md.

(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name W. H. Warfield

13. Birthplace Maryland

MOTHER 14. Maiden Name Hanna Kohlhaas

15. Birthplace Maryland

16 (a) Informant Mrs Bettie Warfield

(b) Address Dickerson, R # 40

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof 3/13/40 (month) (day) (year)

(c) Cemetery or crematory Monocacy

Location Buckeystown, Md

18 (a) Funeral director William B. Tilton

(b) Address Barnesville, Md

19 (a) 11-Mch-40 (Date rec'd by registrar) (b) J. M. Lundy Registrar

MEDICAL CERTIFICATION

20. Date of death 10 Mch. 1940, at 5-36 P M

21. I certify that death occurred ~~on the date~~ above stated; ~~that~~ I attended ~~deceased~~ from ~~____~~ 19____, to ____ 19____, and that I last saw him ~~alive~~ on dead 3. 10 1940

Immediate cause of death	Duration
Crushing injury to	16 hours.
left chest. Hemothorax	
Due to Concussion of brain	
Shock.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident auto

(b) Date of occurrence March 10-40

(c) Where did injury occur? Frederick (City or town) (County) Md. (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Route 240 (Specify type of place) While at work? no

(e) Means of injury automobile

23. Signature P. W. Baw - Deputy Med Ex. (M. D. or other)

Address Frederick, Md Date signed 3. 10. 40

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1940
BUREAU, V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (58-8)

03163

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
County: Frederick county
City or town: Brunswick, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Schnauffer Hospital
Stay in hospital or inst. (yrs., or mos., or days): 12 days
Stay in this community (yrs., or mos., or days): 12 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Sandy Hook (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Evelyn Blanche Waters
3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: white
6. (a) Single, married, widowed, or divorced: Single.
8 (b) Name of husband or wife: not married
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): October 29th 1919

8. AGE: Years: 20 yrs. Months: 4 Days: 12 If less than one day ____ hrs. ____ min.

9. Birthplace: Summit Point W. Va (Town, county, and state)
10. Usual occupation: at Home
11. Industry or business: Own Home

FATHER
12. Name: Charles O. Waters
13. Birthplace: Louden County, Virginia

MOTHER
14. Maiden name: Luna Blanche Webb
15. Birthplace: Louden County, Virginia

16. Informant: G. Marvin Waters
Address: Doxiso-Knoxville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 16, 1940 (month) (day) (year)
Cemetery or crematory: Brownsville
Location: Brownsville, Md.

18. Funeral director: J. L. Cackles.
Address: Bolivar, W. Va.

19. ~~Jan~~ 4 1940 (Date rec'd by registrar) Wm H. S. Hedges Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 12th 1940, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 26 1940, to March 12 1940, and that I last saw her alive on March 12 1940

Immediate cause of death: Pulmonary embolism. DURATION: 2 hrs

Due to: Endocarditis.

Due to: Rheumatic Fever. [illegible]

Other conditions: ~~Para Typhoid B. 2 weeks~~ Titer 1-40 + 1-80 Positive test due to inoculation against typhoid one year ago. (Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: William Schnauffer M.D. or other
Address: Brunswick Date signed: 3/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (3)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

03164

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, writs RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) none

(e) Length of stay in this community (yrs., mos., or days) none

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 125 West South St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** Baby girl Weddle

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race white

6 (a) Single, ~~married, widowed, or divorced.~~ single

6 (b) Name of husband or wife ———

6. (c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) March 11, 1940

8. **AGE:** Years 0 | Months 0 | Days 0 | If less than one day none hr. ——— min.

9. Birthplace Frederick, Frederick Co., Md (Town, county, and state)

10. Usual occupation none

11. Industry or business ———

FATHER

12. Name Wade Weddle

13. Birthplace Frederick

MOTHER

14. Maiden Name Elizabeth Hoffman

15. Birthplace Frederick

16 (a) Informant Wade Weddle

(b) Address 125 W South St

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mch 12 46 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt Olivet

Location Frederick

18 (a) Funeral director C. Collins & Son

(b) Address Frederick Md

19 (a) 11-Mch-60 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death 3/11 1940, at 12:40 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Stillborn, to ——— 19 ———, and that I last saw him alive on ——— 19 ———.

Immediate cause of death	Duration
Stillborn	
Due to 4 months	
Due to unknown	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [illegible] M. D. (M. D. or other)

Address 5 W. 2nd St Frederick Md

Date signed 3/11/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-P)

03165

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:
County Fredrick
City or town Rural near Emmitsburg, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 83 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Fredrick
City or town Rural near Emmitsburg, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. near Emmitsburg. Md.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME George Wills

3. (b) Social Security Number none

4. Sex m
5. Color or race white
6. (a) Single, married, widowed, or divorced widower
6 (b) Name of husband or wife Catherine Shindledecker
6 (c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) March 8, 1857

8. AGE: Years 83 | Months 00 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace Fredrick Co, Md.
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Jacob Wills
13. Birthplace Adams Co, Pa.

MOTHER
14. Maiden name Elizabeth Sell
15. Birthplace Adams Co, Pa.

18. Informant P. F. Burtch
Address Emmitsburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 29 1940 (month) (day) (year)
Cemetery or crematory Mountain Vieu Cemetary
Location Emmitsburg, Md.
18. Funeral director S. L. Allison
Address Emmitsburg, Md.

19. Mar 28 1940 (Date rec'd by registrar) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 27 1940, at 2:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1926 19__, to Mar 27 1940, and that I last saw him alive on Mar 24 1940.

Immediate cause of death	DURATION
Cardiac Decompensation	Feb 1940
Due to arteriosclerotic cardiovascular disease	1920
Due to	
Other conditions chronic nephritis several	years

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. R. Cadle MD
M. D. or other
Address Emmitsburg Md Date signed 3-27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 9 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (8)

03166

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

Reg. Dist. No. 14-1

1. PLACE OF DEATH:
County Fredk
City or town Brunswick
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: N Potomac St
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Fredk
City or town Brunswick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. N Potomac St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Wolf

3. (b) Social Security Number

4. Sex Mk
5. Color or race W
6. (a) Single, married, widowed, or divorced S
6 (b) Name of husband or wife —
— 6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) Feb 29/40

8. AGE: Years — Months — Days — If less than one day 0 hrs. 0 min.

9. Birthplace Cornwick Fredk Md
(Town, county, and state)
10. Usual occupation —
11. Industry or business —
FATHER 12. Name Alvin F Wolf
13. Birthplace Md
MOTHER 14. Maiden name Doris C Fister
15. Birthplace Md
16. Informant Doris C Wolf
Address Brunswick Md
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory
Location
18. Funeral director C H Feltz & Son
Address Brunswick
19. Mar 30 1940 Lucy H S. Hedges
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 29 1940, at 9 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 29 1940, to — 19 —, and that I last saw h — alive on Stillborn 19 —.

Immediate cause of death Stillborn
Due to
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

DURATION —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following; —
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work? —

23. SIGNATURE [signature] M. D. or other
Address Brunswick Md Date signed Feb 30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (139-a)

Reg. Dist. No. 141

03167

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Brunswick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Schnauffer Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Yarrowsburg Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Grace May Younkins

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: John C. Younkins

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May. 4-1887

8. AGE: Years 52 | Months 10 | Days 6 | If less than one day hr. min.

9. Birthplace Yarrowsburg Wash. Co. Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business own home -

FATHER

12. Name Preston R. Phillips

13. Birthplace Yarrowsburg Wash. Co. Md.

MOTHER

14. Maiden Name Lucy Coulter

15. Birthplace Burkettsville Fred. Co. Md.

16 (a) Informant John C. Younkins

(b) Address Yarrowsburg Wash. Co. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13 1940 (month) (day) (year)

(c) Cemetery or crematory Ch. of the Brethren Cemetery

Location Brownsville Md.

18 (a) Funeral director Wm. F. Bast & Son

(b) Address Boonsboro Md.

19 (a) Mar 11/40 (Date rec'd by registrar) (b) Wm H. S. Hedges Registrar

MEDICAL CERTIFICATION

20. Date of death March 10 1940 at 11 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 1940, to March 10 1940 and that I last saw him alive on March 10 1940

Immediate cause of death: Intestinal obstruction — Duration: 4 days

Due to Multiple uterine fibroids

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 3 large uterine fibroids Ovarian cyst.

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William Schnauffer M. D. or other

Address Brunswick Date signed March 10 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 4 1946
BUREAU V. S.